Order on Request to Dismiss or Vacate Protective Order



Case Number:	District:	
County:	State: Uta	
Judge:		
Commissioner:		

		Other people who were p	rotected by	orders in this case:
Name and phone num	Middle Last mber of Petitioner's attorney (if any):	. Name	Age	Relationship to Petitioner
Respondent (pers	son Petitioner was protected from):			
First	Middle Last			
Address:	Iviluale Last			
Street Findings:		City	State	Zip
	Request to Dismiss Protective Order Request to Vacate Temporary Prote	•	er? 🗆 Yes	□ No)
☐ Respondent's (Notice to Pe	titioner? \(\text{Yes} \text{No} \)			
☐ Respondent's (Notice to Pe ☐ Other (name) ☐ The Court revie ☐ There was a hear	ewed the request and other docum	nents in the file, OR The following people were present	t at the hear	ing:
☐ Respondent's (Notice to Pe ☐ Other (name) ☐ The Court revie ☐ There was a hear	ewed the request and other docum	nents in the file, OR ne following people were presen		
☐ Respondent's (Notice to Pe ☐ Other (name)	titioner?			

Date:	
	Commissioner (printed name):
Date:	
	Judge (printed name)
By signing below, Petition	ner acknowledges receiving a copy of this Order on Request to Dismiss Protective Order.
Petitioner's Signature:	
By signing below, Respon	ndent acknowledges receiving a copy of this Order on Request to Dismiss Protective Order.
Respondent's Signature:	